CLAIMS ONLY

Application Number		**Filing Date**	
Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1								51						
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47								97						
48								98						
49								99						
50								100						
Total Indep								Total Indep			6			
Total Depend								Total Depend			34			
Total Claims								Total Claims			40			